

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Received: 05/30/2012

Status: EFFECTIVE  
Effective Date: 07/01/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
Second Revised Page 3  
Superseding First Revised Page 3

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

1. Lifeline Telephone Service Options

a. Description

1. Lifeline Discounted Service

This service provides a flat rate federal discount of \$9.25, consisting of a \$6.50 reduction of the Federal Subscriber Line Charge and a \$2.75 reduction in the monthly rate for local exchange telephone service for residential customers. Qualified customers may choose any type or grade of local telephone service, including bundled services that are normally offered by the Company.

(C)

1 A. Additional Lifeline Discount

This service provides the discount as outlined in A.1.a.1 above and may provide an additional discount equal to the serving company's increase in residential basic local exchange service, as authorized by the NYS Department of Public Service in Case No. 07-C-0349, released March 4, 2008, whereby the NY Commission authorized certain companies to increase basic local service rates up to \$2.00 per year for 2 years. The discount can be found on Addendum 1 of the individual Company tariff for those companies offering the Additional Lifeline Discount.

Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

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New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 3.1  
Superseding Original Page 3.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

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(D)

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Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Received: 03/29/2012

Status: EFFECTIVE  
Effective Date: 04/29/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 4  
Superseding Original Page 4

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

1. Lifeline Telephone Service Options (cont'd)

b. General

Qualified customers may choose to apply the federal Lifeline credit to any of the company's local service offerings, including any local bundled service offering, basic local service, or message rate service. Message rate Lifeline service is available only where central office facilities permit. For connection of new service, service connection charges apply unless the customer qualifies for connection assistance under the Tribal Lands Link Up program.

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Service connection charges do not apply to change existing service from:

(C)

1. Message or flat rate services to Lifeline service.

2. Lifeline service to non-Lifeline services.

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*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Received: 05/30/2012

Status: EFFECTIVE  
Effective Date: 07/01/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 4.1  
Superseding Original Page 4.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations

- a. These services are restricted to low income residential customers. To qualify for Lifeline service a customer must certify and provide documentation as income eligible. For a consumer to be eligible under the income requirements, the consumer's household income as defined in § 54.400(f) of the FCC Rules must be at or below 135% of the Federal Poverty Guidelines for a household of that size or a recipient of benefits from any one of the following Entitlement Programs:

1. Medicaid;
2. Supplemental Nutrition Assistance Program (SNAP) F/K/A Food stamps;
3. Supplemental Security Income;
4. Federal Public Housing Assistance (Section 8);
5. Low-Income Home Energy Assistance Program (LIHEAP);
6. National School Lunch Program's free lunch program;
7. Temporary Assistance for Needy Families/SafetyNet;
8. Veterans Disability Pension
9. Veterans Surviving Spouse Pension

(C)  
(C)

(C)

*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: May 30, 2012  
Issued by: Robert R. Puckett, President  
NYSTA, Inc., 20 Corporate Woods Boulevard, Albany 12211

Date Effective: July 1, 2012

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Received: 03/29/2012

Status: EFFECTIVE  
Effective Date: 04/29/2012

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 5  
Superseding Original Page 5

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE (cont'd)

2. Regulations (cont'd)

b. The Lifeline discount is effective upon receipt of a completed form of eligibility. If the form is not returned, no further action is taken by the Company to establish eligibility.

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c. The Company, in coordination with appropriate agencies and the Lifeline Customer, will require Lifeline customers to be re-certified, on an annual basis. Lifeline customers will need to certify that they continue to be eligible to receive these Lifeline benefits and that they are not receiving benefits from another company. If a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proven to be ineligible for the service.

(C)

3. Locality Charge Waiver

Customers receiving Lifeline Telephone Service will have applicable locality charges waived each month while they are receiving the Lifeline Assistance.

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4. Voluntary Toll Blocking (Restriction)

Customers receiving Lifeline service can voluntarily request and receive toll blocking (call restriction), third number billing/collect call restriction without a monthly charge. There will be no record order charge to add these types of restrictions (blocking).

*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Taconic Telephone Corp provides a Lifeline Program discount for residence service for eligible low income customers. The Lifeline Program discount is applied to any month to month residence local service, package or bundle offering. The discount is intended to offset the Subscriber Line Charge and local line charge, although eligible packages and bundles may have toll calling included in the pricing for the offering.

The tariff pages outlining the terms of the Lifeline offering in Taconic Telephone Corp. in Massachusetts are attached. The terms and conditions of residential local service can be found at <http://www.tariffs.net/fairpoint/tier.asp?cid=1644>

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Taconic Telephone Corp.  
d/b/a FairPoint Communications

MDTC Tariff No. 3  
Second Revised Page 23  
Cancels First Revised Page 23

## LOCAL GENERAL SCHEDULE

### SECTION 3 - RATE TABLES AND THEIR APPLICATION, (CONT'D.)

#### 3.15 Lifeline Service

##### 3.15.1 General

A monthly discount for local telephone service is available to qualified low income residential customers. Only one such discount is available to any qualified residence household. For this offering, a household is defined as any individual or group of individuals who are living together at the same address as one economic unit.

This reduction may be applied to the monthly rate of the following residential services:

- Individual Access Line Service
- 2-Party Access Line Service
- 4-Party Access Line Service

To qualify for Lifeline service, a customer must either be a recipient of benefits from any one of the following programs:

- Medicaid or MassHealth
- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP) (f/k/a Food Stamps) (T)
- Emergency Aid to the Elderly, Disabled and Children (EAEDC)
- Federal Public Housing Assistance\*
- Low Income Home Energy Assistance Program (LIHEAP)
- National School Lunch Program (free meals program only)\*
- Temporary Assistance for Needy Families (TANF)\*
- Transitional Aid to Families with Dependent Children (TAFDC)

\*Qualifying participation in these programs or income levels is effective June 1, 2012.

Or beginning June 1, 2012, must have a household income at or below 135% of the Federal Poverty Guidelines.

Applicants must provide proof of eligibility. The Company will make annual verification of the customer's eligibility status. If after verification, a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proved to be ineligible for the service.

Form 481 Line 1210- Terms & Conditions for Lifeline Customers

Taconic Telephone Corp.  
d/b/a FairPoint Communications

MDTC Tariff No. 3  
Second Revised Page 24  
Cancels First Revised Page 24

LOCAL GENERAL SCHEDULE

SECTION 3 - RATE TABLES AND THEIR APPLICATION, (Cont'd.)

(T)

3.15 Lifeline Service (Cont'd.)

(T)

3.15.2 Rates and Charges

Lifeline service provides for a reduction in the rate for local exchange service, not to exceed the rate charged for such service.

(C)

	Federal	State	Total
Local Rate Reduction	\$9.25	\$6.00	\$15.25

(C)

3.16 Link-Up America

(T)

3.16.1 General

The Link-Up America program was eliminated on April 1, 2012, by order of the Federal Communications Commission in Docket No. 11-12, 03-109, 96-45, and 12-23.

(T)



**Taconic Telephone Corp.**

**150084NY- Line 2010**

Census Block Listing Pursuant to 54.313(b)(2)(ii)

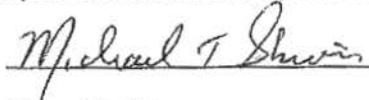
**CAF Phase 1 Incremental Round 2**

**Capital Funding Expended**

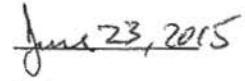
[REDACTED]

CB2010	SAC CODE	COMPANY NAME
[REDACTED]	150084	Taconic Telephone Corp.
[REDACTED]	150084	Taconic Telephone Corp.

In accordance with 54.313(b)(2) I certify that I am an officer of the reporting carrier; my responsibilities include certifying, as a recipient of Phase I support pursuant to §54.312(c), that, to the best of my knowledge, the locations provided in the attached listing are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1 Mbps;



Michael T. Skrivan



Date

Vice President of Regulatory

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**
**REDACTED - FOR PUBLIC INSPECTION**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	411835	<b>Accepted / Filed</b>
<015> Study Area Name	BLUESTEM TELEPHONE COMPANY	
<020> Program Year	2016	<b>JUN 30 2015</b>
<030> Contact Name: Person USAC should contact with questions about this data	Barbara Galardo	<b>Federal Communications Commission Office of the Secretary</b>
<035> Contact Telephone Number: Number of the person identified in data line <030>	2075354126 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	bgalardo@fairpoint.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="background-color: black; width: 300px; height: 40px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="background-color: black; width: 300px; height: 40px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">411835KS510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">411835KS610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">1010 Voice Service Rate Comparability.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

112 Service Quality Improvement Reporting 2015.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable







(710) Broadband Price Offerings Data Collection Form FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

[illegible]

(800) Operating Companies  
Data Collection Form  
FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<810>	Reporting Carrier	Bluestem Telephone Co
<811>	Holding Company	FairPoint Communications, Inc.
<812>	Operating Company	Bluestem Telephone Co

[illegible]



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

411835KS1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP [www.tariffs.net/fairpoint/tier.asp?cid+1644](http://www.tariffs.net/fairpoint/tier.asp?cid+1644)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLUESTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galaroo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalaroo@airpoint.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)iii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)iii}

Not Applicable

Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Yes

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

Not Applicable

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information



REDACTED – FOR PUBLIC INSPECTION

**(3000) Rate Of Return Carrier Additional Documentation**

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	411835
<015> Study Area Name	BLUESTEM TELEPHONE COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(iii)]

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) ☒ (Yes/No)
- (3014) If yes, does your company file the RUS annual report ☒ (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒
- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited? ☒ (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒
- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒
- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☒
- (3023) Underlying information subjected to a review by an independent certified public accountant ☒
- (3024) Underlying information subjected to an officer certification. ☒
- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

## REDACTED – FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	411835
<015> Study Area Name	BLUESTEM TELEPHONE COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

## Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	411835
<015> Study Area Name	BLUESTEM TELEPHONE COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BLUESTEM TELEPHONE COMPANY	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/23/2015
Printed name of Authorized Officer: Mike Skrivan	
Title or position of Authorized Officer: Vice President Regulatory	
Telephone number of Authorized Officer: 2075354150 ext.	
Study Area Code of Reporting Carrier: 411835	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	411835
<015> Study Area Name	BLUESTEM TELEPHONE COMPANY
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035> Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

REDACTED – FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411835
<015>	Study Area Name	BLURSTEM TELEPHONE COMPANY
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2015

<703>

[illegible]